



Please submit this form to the Home Care Solution Office via email at homecaresolution@ihis.org

	Home Care Solution (HC	CS) - User Access Form	For External Cand	idates	
Status:	Create New Account	Temporary Leave	Type in field if other value.	Disable Accoun	
Full Name:					
	First	Last		Sex	
Address:					
	Street Address			Suite #	
	City/Community		Province	Postal Code	
Job Title:					
Work Email					
Address:		Start (or) End Date:			
Work Cell:	Desk Phone		Personal Cell:		
			OCII.		
	Office Name/Location				
	Brief explanation why Home Care Solution access is required:				
Does	this employee currently have acc	cess to PEI Government Ac	ctive Directory?: Yes	No	
Does	this employee have access to a	GOV or Health VPN?:	Yes No		
Does	this employee have a work issue	ed/assigned device such as	a Phone or Tablet?:	Yes No	